## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549



# FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OME	APPROVAL
OMB Number:	3235-0076
Expires:	April 30, 2008
Estimated average bu	rden hours per response 16.00
///9	825
SEC	USE ONLY
Prefix	Serial
<u> 1</u>	<u> </u>
DAT	E RECEIVED
1	1

							—			
Name of Offering ( check if this is an amendment and name has changed, and indicate change.)										
Private Placement of Series B Preferred Stock and Series B Preferred Stock Warrants  Filing Under (check box(es) that apply):   Rule 504										
Filing Under (check box)	Section 4(6)	□ ULOE								
Type of Filing: ☑ New Filing ☐ Amendment										
	A. BASIC IDENTIFICATION DATA									
1. Enter the information re-	uested about the issuer	<u> </u>								
Name of Issuer (☐ chec	k if this is an amendment and name	has changed, and indicate	ate change.)							
Twilightliving.com, Inc.										
Address of Executive Offic	es (Number and Street, City, State,	Zip Code)		•	-	ig Area Code)				
1633 Westlake Ave N, S	uite 170, Seattle, WA 98109		1	<u>6-709-2801</u>						
Address of Principal Busine	ess Operations (Number and Street,	, City, State, Zip Code)	Te	lephone Nur	nber (Includir	ig Area Code)				
(if different from Executive			sai	ne as abow						
same as above					RECD	8.E.C.				
Brief Description of Busine	ss			1		#				
<del>-</del>		ilities '		W.	APR 1	7 2007				
	nursing home and elder care fac	innes		<del></del>	ALF-1	<b>7</b> 2007 📗				
Type of Business Organiza	tion		ou (=loogo eneci	60.	AFR_1	<del>1 2007   -</del>				
Type of Business Organizat  ☑ corporation	ion  limited partnership, already f	formed 🗆 oth	er (please speci	fy):	Arr_I	. 200,				
Type of Business Organiza	tion	formed 🗆 oth		fy):	AFR	1086				
Type of Business Organizat  ☐ corporation ☐ business trust	ion  limited partnership, already f  limited partnership, to be for	formed oth med <u>Month Year</u>				. 200,				
Type of Business Organizat  ☐ corporation ☐ business trust  Actual or Estimated Date or	ion  limited partnership, already f  limited partnership, to be for f Incorporation or Organization:	formed □ oth med □ oth	9   ⊠ Actual	□ Estimat		. 200,	<del></del>			
Type of Business Organizat  ☐ corporation ☐ business trust  Actual or Estimated Date or	ion  limited partnership, already f  limited partnership, to be for f Incorporation or Organization: n or Organization: (Enter two-lette	formed □ oth med □ oth	9   🗵 Actual breviation for S	☐ Estimat		. 200,				

### GENERAL INSTRUCTIONS

### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6)

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information by the large and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Secretaries Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

APR 2 7 2007

A. BASIC IDENTIFICATION DATA
2. Enter the information requested for the following:
<ul> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> </ul>
<ul> <li>Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;</li> </ul>
<ul> <li>Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and</li> </ul>
Each general and managing partner of partnership issuers.
Check Box(es) that Apply: ☐ Promoter ☑ Beneficial Owner ☑ Executive Officer ☑ Director ☐ General and/or Managing Partner
Full name (Last name first, if individual)
Tanase, Theodore T.
Business or Residence Address (Number and Street, City, State, Zip Code)
1633 Westlake Ave N, Suite 170, Seattle, WA 98109
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full name (Last name first, if individual)
Tanase, Priscilla B.
Business or Residence Address (Number and Street, City, State, Zip Code)
1633 Westlake Ave N, Suite 170, Seattle, WA 98109
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full name (Last name first, if individual)
Kueber, John J.
Business or Residence Address (Number and Street, City, State, Zip Code)
2942 Furhman Ave, Seattle, WA 98102
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director ☐ General and/or Managing Partner
Full name (Last name first, if individual)
Brown, Deborah
Business or Residence Address (Number and Street, City, State, Zip Code)
5005 – 162 <sup>nd</sup> Ave NE, Redmond, WA 98052  Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director ☐ General and/or Managing Partner
Check Box(cs) that raphy.
Full name (Last name first, if individual)
Jones, Larry A.
Business or Residence Address (Number and Street, City, State, Zip Code)
1621 - 4 <sup>th</sup> Ave N, Seattle, WA 98109  Check Boy(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director ☐ General and/or Managing Partner
Check Box(&) that rippi).
Full name (Last name first, if individual)
Clapp, Margaret A.
Business or Residence Address (Number and Street, City, State, Zip Code)
18309 Cook Road SE, Yelm, WA 98597  Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director ☐ General and/or Managing Partner
Check Box(cs) that rippiy.
Full name (Last name first, if individual)
Danielson, Greg  Business or Residence Address (Number and Street, City, State, Zip Code)
4530 224th PL NE, Redmond, WA 98053
Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner
Full name (Last name first, if individual)
Clapp, Jr., Matthew N.
Business or Residence Address (Number and Street, City, State, Zip Code)
801 Second Ave, 14 <sup>th</sup> Floor, Seattle, WA 98109
(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

					В. П	FORMAT	ION ABO	UT OFFER	ING				
Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?									Yes □	No ⊠			
Answer also in Appendix, Column 2, if filing under ULOE.													
2. What is the minimum investment that will be accepted from any individual?									\$N/A				
												Yes	No
3.	Does th	ne offering	permit join	t ownership	of a single	unit?				••••••			
4.	Enter t	the informa	ation reque	sted for ea	ch person	who has be	en or will	be paid o	r given, dii	rectly or in	directly, any		
	commi:	ssion or sin	nilar remun ted is an ast	eration for sociated ner	solicitation son or age	of purchase nt of a brok	ers in conne er or dealer	ction with s registered	sales of sect with the SE	EC and/or w	e offering. If ith a state or		
	states.	list the nar	ne of the b	roker or de	aler. If mo	re than five	e (5) persor	ns to be list	ed are asso	ciated perso	ons of such a		
					formation 1	or that brok	er or dealer	only.					
Fui	ı name (	(Last name	first, if ind	(Vidual)								_	
Bus	iness o	r Residence	e Address (1	Number and	Street, Cit	y, State, Zip	Code)				<u> </u>		<del></del>
												· <del>- ·</del>	
Naı	ne of A	ssociated E	Broker or D	ealer									
Sta						o Solicit Pu							All States
r	•			individual ( [AR]	States) [CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	ப [HI]	All States [ID]
_	AL]	[AK]	[AZ]		[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
•	[L]	[IN]	[IA]	[KS]		[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
_	AT]	[NE]	[NV]	[NH]	[NJ]			• -	[WA]	[WV]	[WI]	[WY]	[PR]
	RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[#A]				[***]
Ful	l name	(Last name	first, if ind	ividual)									
Bu	siness o	r Residence	e Address (1	Number and	l Street, Cit	y, State, Zip	Code)						
Na	me of A	ssociated F	Broker or D	ealer				<del></del>	<u> </u>		_		
144	ille of A	BSOCIATOG 1	STORES OF B	<b></b>			_						
Sta						to Solicit Pu	rchasers					_	A 33 C
	•			individual :		[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	 [HI]	All States [ID]
_	AL}	[AK]	[AZ]	[AR]	[CA]	-		[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
	IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	-	-		[OK]	[OR]	[PA]
_	MT]	[NE]	[NV]	[NH]	נאז	[NM]	[NY]	[NC]	[ND]	[OH]		[WY]	[PR]
	RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV] 	[WI]	[ 44 1 ]	
Ful	ll name	(Last name	first, if ind	lividual)									
Bu	siness o	or Residenc	e Address (	Number and	Street, Ci	ty, State, Zij	Code)						
Na	me of A	Associated I	Broker or D	ealer				······································					
Sta						to Solicit Pu							All States
Г	(Checl	k "All State [AK]	s" or check [AZ]	individual	States) [CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
	IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
	MT]·	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
_	RI]	[SC]	[SD]	[TN]	[TX]	(UT)	[VT]	[VA]	[WA]	[wv]	[WI]	[WY]	[PR]
		1-01	1221	(Use blan	nk sheet, or	copy and u				s necessary	.)		

		OF INVESTORS,		

۱.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box $\square$ and indicate in the columns below the amounts of the securities offered for exchange and				
	already exchanged.		Aggregate	Am	ount Already
	Type of Security		ffering Price		Sold
	Debt	\$		\$	
	Equity	\$		\$	
	□ Common □ Preferred				
	Convertible Securities (including warrants)	\$		\$	
	Partnership Interests			\$_	
	Other (Specify: Units consisting of preferred stock and warrants to purchase stock)	S	600,000	\$	110,525
	Total	\$	600,000	\$	110,525
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				Aggregate
			Number Investors	Do	ollar Amount F Purchasers
	Accredited Investors			. 3	110,525
	Non-accredited Investors	-		<u> </u>	
	Total (for filings under Rule 504 only)		<u> </u>	<u>\$</u>	
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		Type of	Do	ollar Amount
	Type of offering		Security		Sold
	Rule 505			<u>\$</u> _	
	Regulation A			\$_	
	Rule 504			\$	, 
	Total			\$_	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		•		
	Transfer Agent's Fees			\$	
	Printing and Engraving Costs			\$	<u> </u>
	Legal Fees		X	\$	6,417
	Accounting Fees			\$	
	Engineering Fees			\$	
	Sales Commissions (specify finders' fees separately)			\$	
	Other Expenses (identify)			\$	
	Total		$\boxtimes$	\$	6,417
	• Vans the transfer production of the contract				

Shares of Series B Preferred Stock issued in the offering are convertible into shares of Common Stock of Issuer pursuant to the terms of Issuer's Common Stock. Warrants to purchase 184,615 shares of Series B Preferred Stock are being offered as part of the offering. No remuneration specific to such warrants is being received.

	C. OFFERING PRICE	NUMBER OF INVESTORS, EXPENSES AND	USE	OF PRO	CEEDS		
	b. Enter the difference between the aggr Question I and total expenses furnished in the "adjusted gross proceeds to the issuer."	; is			<b>\$</b> 10-	4,108	
5.	for each of the numoses shown. If the amo	oss proceeds to the issuer used or proposed to be used unt for any purpose is not known, furnish an estimate. The total of the payments listed must equal to in response to Part C - Question 4.b above.	ate	Payment	s to		
	•			Officer Directors Affiliat	s, &		Payments to Others
	Salaries and fees			\$			\$
				\$			<u>\$</u>
		f machinery and equipment		\$			<u>\$</u>
		d facilities		\$			\$
	Acquisition of other businesses (including the	ne value of securities involved in this offering that					
	may be used in exchange for the assets or se	curities of another issuer pursuant to a merger)		\$			\$
				\$			\$
				<u> </u>		. ⊠	\$104,108
			ш	<u> </u>			\$
O			_	•		⊠	\$104,108
				\$		. E3	\$104,108
T	otal Payments Listed (column totals added)					凸	\$104,106
							_,
ı		D. FEDERAL SIGNATURE	-			···	
ci	mature constitutes an undertaking by the issue	ed by the undersigned duly authorized person. If the to furnish to the U.S. Securities and Exchange Conceredited investor pursuant to paragraph (b)(2) of R	mmis	sion, upo	d under l n written	Rule 50 reque	05, the following st of its staff, the
	suer (Print or Type)	Signature	Date	4/9	100		
	wilightliving.com, Inc.	Title of Signer (Print or Type)		_ (  '	10 (		<del></del>
	ame of Signer (Print or Type) neodore T. Tanase	President & CEO					
1	icouote 1, Tuniuse	1					

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE		
		Yes	No
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?		×
	See Appendix, Column 5, for state response.		

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understand that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

·		<del></del>
Issuer (Print or Type)	Signature / Date 4/0/07	
Twilightliving.com, Inc.	may, much	
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Theodore T. Tanase	President & CEO	

## Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

# APPENDIX

1		2	3	<del>-</del>	4			5	i	
	to non-ac	Type of security and aggregate offering price offered in state (Part C-Item 1)  Type of security and aggregate offering price offering price offered in state (Part C-Item 2)						Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No	Series B Preferred Stock and Warrants	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No	
AL										
AK										
AZ										
AR					·				<u>-</u>	
CA										
СО		"								
СТ					<u> </u>			_		
DE						<u> </u>				
DC										
FL					<u></u>			ļ. <u> </u>		
GA										
HI						<u></u>				
ID				_						
IL						·				
IN										
IA					•					
KS								•	·	
KY										
LA		<u> </u>								
ME		_								
MD										
MA										
MI	_									
MN		1								
MS								<u> </u>		
МО	<u> </u>									
МТ										

# APPENDIX

1		2	3	<del></del>	5							
	to non-a	ed to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor, and amount purchased in State (Part C-Item 2)				amount purchased in State (Part C-Item 2)		under Sta (if yes, explana	attach ation of granted)
State	Yes	No	Series B Preferred Stock and Warrants	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No			
NE												
NV							<u></u>					
NH												
NJ	<del></del>		_									
NM												
NY		х	\$600,000	1	\$10,000	0	0		X			
NC							·					
ND				_								
ОН												
ОК			·									
OR												
PA												
RI							<u> </u>					
SC												
SD												
TN								<u> </u>				
TX												
UT	•											
VT												
VA												
WA		X	\$600,000	4	\$50,525	0	0		Х			
WV							<u> </u>					
WI												
WY									 			
PR				,		·	<u> </u>					

. `		
	A. BASIC IDENTIFICATION DATA	
٠ 2.	Enter the information requested for the following:	
	<ul> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> </ul>	
	<ul> <li>Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities the issuer;</li> </ul>	<b>%</b> (

• Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
Each general and managing partner of partnership issuers.
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director ☐ General and/or Managing Partner
Full name (Last name first, if individual)
Seim, Kay
Business or Residence Address (Number and Street, City, State, Zip Code)
600 North 130th Street, Seattle, WA 98133
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply:
Full name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply:    Promoter    Beneficial Owner    Executive Officer    Director    General and/or Managing Partner
Full name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply:    Promoter    Beneficial Owner    Executive Officer    Director    General and/or Managing Partner
Full name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)

**END**